

# **EXHIBIT C**

<b>UNITED STATES BANKRUPTCY COURT</b> <b>DISTRICT OF NEVADA</b>		<b>PROOF OF CLAIM</b>		 <b>YOUR CLAIM IS SCHEDULED AS:</b> Schedule/Claim ID    s30851 Amount/Classification    _____																			
Name of Debtor: <b>USA Commercial Mortgage Company</b>		Case Number: <b>06-10725-LBR</b>		The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.  If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.  If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.  <b>THIS SPACE IS FOR COURT USE ONLY</b>																			
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notice from the bankruptcy court or BMC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.																					
Name of Creditor and Address: <div style="border: 1px solid black; padding: 2px; display: inline-block;">           11321240000082  <b>ALLEN M NIRENSTEIN &amp; DOROTHY H NIRENSTEIN</b>            1992            REVOCABLE TRUST DATED 3/4/92            C/O ALLEN M &amp; DOROTHY H NIRENSTEIN TTEES            403 WOODLAND RD            KENTFIELD, CA 94904-2635    <i>415-461-5742</i> </div>		Creditor Telephone Number (    ) Last four digits of account or other number by which creditor identifies debtor:																					
<table style="width: 100%; border: none;"> <tr> <td colspan="2" style="vertical-align: top;"> <b>BASIS FOR CLAIM</b>  <input type="checkbox"/> Goods sold    <input type="checkbox"/> Personal injury/wrongful death  <input type="checkbox"/> Services performed    <input type="checkbox"/> Taxes  <input checked="" type="checkbox"/> Money loaned    <input checked="" type="checkbox"/> Other (describe briefly)  <span style="margin-left: 100px;"><i>SEE EXHIBIT A</i></span> </td> <td colspan="2" style="vertical-align: top;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)            Last four digits of your SS #: _____            Unpaid compensation for services performed from: _____ to _____  <span style="margin-left: 100px;">(date)                      (date)</span> </td> <td colspan="2" style="vertical-align: top;"> <input type="checkbox"/> Unremitted principal  <input type="checkbox"/> Other claims against servicer (not for loan balances)         </td> </tr> </table>						<b>BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Other (describe briefly) <span style="margin-left: 100px;"><i>SEE EXHIBIT A</i></span>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from: _____ to _____ <span style="margin-left: 100px;">(date)                      (date)</span>		<input type="checkbox"/> Unremitted principal <input type="checkbox"/> Other claims against servicer (not for loan balances)													
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The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911					<b>THIS SPACE FOR COURT USE ONLY</b>																		
BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245					<b>THIS SPACE FOR COURT USE ONLY</b>																		
SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 15%;"> <i>1-8107</i> </div> <div style="width: 80%; text-align: center;"> <i>Allen M. Nirenstein Dorothy H. Nirenstein</i>  <i>1992 REVOCABLE TRUST DATED 3-4-92</i>  <i>50 ALLEN &amp; DOROTHY H. NIRENSTEIN TTEES</i> </div> </div>																							

PROOF OF CLAIM		<p style="font-size: 1.2em; margin: 0;">RECEIVED AND FILED</p> <p style="font-size: 1.2em; margin: 0;">2007 JAN -5 P 1:31</p> <p style="font-size: 1.2em; margin: 0;">U.S. BANKRUPTCY COURT</p> <p style="font-size: 1.2em; margin: 0;">PATRICIA GRAY, CLERK</p>	
<p>Name of Debtor:</p> <p style="font-size: 1.2em; margin: 5px 0;">USA COMMERCIAL MORTGAGE CO.</p>	<p>Case Number:</p> <p style="font-size: 1.2em; margin: 5px 0;">06-10725-LBR</p>		
<p>NOTE: See Reverse for List of Debtors and Case Numbers.</p> <p>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>		<p><input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.</p> <p><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.</p> <p><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.</p>	
<p>Name of Creditor and Address:</p> <p style="font-size: 1.2em; margin: 5px 0;">BARCIA, DANIEL</p> <p style="font-size: 1.2em; margin: 5px 0;">1600 PICKET COURT</p> <p style="font-size: 1.2em; margin: 5px 0;">RENO, NV, 89521</p>		<p><b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.</b></p> <p>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.</p> <p style="text-align: center;"><b>THIS SPACE IS FOR COURT USE ONLY</b></p>	
<p>Creditor Telephone Number ( ) <span style="font-size: 1.2em;">775-851-8725</span></p> <p>Last four digits of account or other number by which creditor identifies debtor:</p> <p style="font-size: 1.2em; margin: 5px 0;">CLIENT ID 1216</p>			
<p><b>1. BASIS FOR CLAIM</b></p> <p><input type="checkbox"/> Goods sold      <input type="checkbox"/> Personal injury/wrongful death      <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)      <input type="checkbox"/> Unremitted principal</p> <p><input type="checkbox"/> Services performed      <input type="checkbox"/> Taxes      <input type="checkbox"/> Wages, salaries, and compensation (fill out below)      <input type="checkbox"/> Other claims against servicer (not for loan balances)</p> <p><input checked="" type="checkbox"/> Money loaned      <input type="checkbox"/> Other (describe briefly)</p> <p>Last four digits of your SS #: _____</p> <p>Unpaid compensation for services performed from: _____ to _____ (date) (date)</p>			
<p><b>2. DATE DEBT WAS INCURRED:</b></p>		<p><b>3. IF COURT JUDGMENT, DATE OBTAINED:</b></p>	
<p><b>4. CLASSIFICATION OF CLAIM.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.</p>			
<p><b>UNSECURED NONPRIORITY CLAIM \$</b></p> <p><input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.</p> <p><b>UNSECURED PRIORITY CLAIM</b></p> <p><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.</p> <p>Amount entitled to priority \$ _____</p> <p>Specify the priority of the claim:</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).</p>		<p><b>SECURED CLAIM</b></p> <p><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).</p> <p>Brief description of collateral:</p> <p><input checked="" type="checkbox"/> Real Estate      <input type="checkbox"/> Motor Vehicle      <input type="checkbox"/> Other _____</p> <p>Value of Collateral: \$ <span style="font-size: 1.2em;">?</span></p> <p>Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any: \$ <span style="font-size: 1.2em;">225,000.</span></p> <p><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ( _____ ).</p> <p style="font-size: 0.7em;">* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p>	
<p><b>5. TOTAL AMOUNT OF CLAIM</b> \$ <span style="font-size: 1.2em;">25,000</span> (unsecured) \$ <span style="font-size: 1.2em;">200,000.</span> (secured) \$ <span style="font-size: 1.2em;">225,000.</span> (Total)</p> <p><b>AT TIME CASE FILED:</b></p>			
<p><input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.</p>			
<p><b>6. CREDITS:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.</p>			
<p><b>7. SUPPORTING DOCUMENTS:</b> <u>Attach copies of supporting documents</u>, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. <b>DO NOT SEND ORIGINAL DOCUMENTS.</b> If the documents are not available, explain. If the documents are voluminous, attach a summary.</p>			
<p><b>8. DATE-STAMPED COPY:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.</p>			
<p>The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).</p> <p><b>BY MAIL TO:</b> BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911</p> <p><b>BY HAND OR OVERNIGHT DELIVERY TO:</b> BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245</p>			<p style="text-align: center;"><b>THIS SPACE FOR COURT USE ONLY</b></p>
<p><b>DATE</b></p> <p style="font-size: 1.2em; margin: 5px 0;">JAN 3, 2007</p>	<p><b>SIGN</b> and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):</p> <p style="font-size: 1.2em; margin: 5px 0;"> DANIEL BARCIA</p>		



UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor <i>USA Commercial Mortgage Co.</i>		Case Number <i>06-10725-(LBR)</i>	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name of Creditor and Address  <i>Hannah Brehmer 188 Beacon Hill Dr. Ashland, OR 97520</i>		DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.  If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.  <b>THIS SPACE IS FOR COURT USE ONLY</b>	
Creditor Telephone Number <i>(541) - 324-9538</i>			
Last four digits of account or other number by which creditor identifies debtor <i>7184 or 990</i>		Check here if this claim <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim dated _____.	
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) _____ Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
<b>2 DATE DEBT WAS INCURRED</b> <i>2005 - April - July</i>		<b>3 IF COURT JUDGMENT, DATE OBTAINED</b>	
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.			
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<b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)	
<b>5 TOTAL AMOUNT OF CLAIM</b> \$ _____ \$ <i>298,569</i> \$ _____ \$ <i>298,569</i> AT TIME CASE FILED (unsecured) (secured) (priority) (Total)			
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
<b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on <i>November 13, 2006</i> for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts, and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911		THIS SPACE FOR COURT USE ONLY	
BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245		FILED NOV 14 2006  USA CMC 1072501445	
DATE <i>Nov 8, 2006</i>	SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).  <i>Hannah Brehmer</i> Hannah Brehmer		

**PROOF OF CLAIM**

Name of Debtor

USA Commercial Mortgage Company

Case Number

06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers  
This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

## Name of Creditor and Address

11321242034389  
CASTILLO, TITO  
13390 PARKSIDE TERRACE  
COOPER CITY FL 33330

(954) 376-5405

Creditor Telephone Number (954) 258 9099

Last four digits of account or other number by which creditor identifies debtor

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.

☐ Check box if this address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Check here ☐ replaces or ☐ amends a previously filed claim dated \_\_\_\_\_

## 1 BASIS FOR CLAIM

☐ Goods sold☐ Personal injury/wrongful death☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)☒ Unremitted principal☐ Services performed☐ Taxes☐ Wages, salaries, and compensation (fill out below)☒ Other claims against servicer (not for loan balances)☒ Money loaned☐ Other (describe briefly)

Last four digits of your SS # \_\_\_\_\_

Unpaid compensation for services performed from

INTEREST LATE CHARGE

MONEY LOANED TO 3<sup>rd</sup> PARTIES & SERVED BY DEBTOR

(date)

(date)

## 2 DATE DEBT WAS INCURRED

## 3 IF COURT JUDGMENT, DATE OBTAINED

## 4 CLASSIFICATION OF CLAIM

Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed

See reverse side for important explanations

## UNSECURED NONPRIORITY CLAIM \$

☐ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

## SECURED CLAIM

☒ Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

☒ Real Estate ☐ Motor Vehicle ☐ Other \_\_\_\_\_

Value of Collateral \$ 423,845.13 PLUS

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 423,845.13 PLUS

## UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured claim all or part of which is entitled to priority.

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)

☐ Wages, salaries, or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)

☐ Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)

☐ Other Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_)

\* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ UNKNOWN \$ 423,845.13 PLUS \$ UNKNOWN \$ 423,845.13 PLUS  
(unsecured) (secured) (priority) (Total)

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO  
BMC Group  
Attn: USACM Claims Docketing Center  
P.O. Box 911  
El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO  
BMC Group  
Attn: USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY

FILED DEC 06 2006

DATE

12/3/06

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

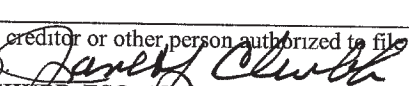
TITO A. CASTILLO

USA CMC



1072501555

FORM B10 (Official Form 10) (10/05)

<b>UNITED STATES BANKRUPTCY COURT, DISTRICT OF NEVADA</b>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>USA COMMERCIAL MORTGAGE COMPANY</b>	Case Number <b>06-10725</b>	
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. Section 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>CHARLES B. ANDERSON TRUST</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name & address where notices should be sent JANET L. CHUBB, ESQ JONES VARGAS P O BOX 281 RENO, NV 89504-0281 Telephone number 775-786-5000		THIS SPACE FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor: 500953 3		
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>DEBTOR'S BREACHES (see adversary complaint)</u>		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)		
<b>2 Date debt was incurred</b> 2003-2005	<b>3 If court judgment, date obtained</b>	
<b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
<b>Unsecured Nonpriority Claim</b> \$ <u>183,340.38</u> + accrued interest less any <u>postpetition payments received</u> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if d) none or only part of your claim is entitled to priority.		
<b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____		
Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition, or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4)		
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> OTHER - Specify applicable paragraph of 11 U.S.C. § 507(a) (____)		
*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>5 Total Amount of Claim at Time Case Filed</b> \$ <u>183,340.38 +/-</u> (unsecured) \$ _____ (secured) \$ _____ (priority) \$ _____ (Total)		
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. SEE ABOVE.		THIS SPACE IS FOR COURT USE ONLY
<b>7 Supporting documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
<b>8 Date-Stamped copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and a copy of this proof of claim.		
Date 1/11/07	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).  <b>JANET L. CHUBB, ESQ. ATTORNEY FOR CLAIMANT</b>	

FILED JAN 12 2007

USA CMC



1072502215



FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada		<b>PROOF OF CLAIM</b>
Name of Debtor <u>USA COMMERCIAL MORTGAGE COMPANY</u>		Case Number <u>06-10725-LOR</u>		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503.				
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>ALDON G. COOK AND DEEDRA COOK, HUSBAND AND WIFE, AS JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP</u>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent <u>ALDON G. COOK</u> <u>1435 E VENICE AVE # 261</u> <u>VENICE, FL 33429</u> Telephone number <u>941-494-4955</u>				
Last four digits of account or other number by which creditor identifies debtor:		Check here if this claim	<input checked="" type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated <u>1-12-06</u>	
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other <u>SEE EXHIBIT A</u>		<input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2. Date debt was incurred:</b> <u>1-14-05</u>		<b>3. If court judgment, date obtained:</b>		
<b>4 Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.				
<b>Unsecured Nonpriority Claim</b> <u>\$140,087</u> <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		<b>Secured Claim</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral <u>\$2,339.20</u> Amount of arrearage and other charges at time case filed included in secured claim, if any <u>\$ UNKNOWN</u>		
<b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 USC § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 USC § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 USC § 507(a)(5)		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase lease or rental of property or services for personal family or household use - 11 USC § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 USC § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 USC § 507(a)(____) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>5 Total Amount of Claim at Time Case Filed:</b>		<u>\$142,790.06</u> <u>142,790.06</u> <u>142,790.06</u> (unsecured)    (secured)    (priority)    (Total)		
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.				
<b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.				THIS SPACE IS FOR COURT USE ONLY
<b>7 Supporting Documents.</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.				
<b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.				
Date <u>1-11-07</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <u>A. G. Cook</u>			

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 USC



FILED JAN 12 2007

FORM B10 (Official Form 10) (10/05)



UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada		<b>PROOF OF CLAIM</b>
Name of Debtor <b>USA COMMERCIAL MORTGAGE COMPANY</b>		Case Number <b>06-10725-LBR</b>		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503.				
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>DANIEL D. NEWMAN, TRUSTEE</b> <b>DANIEL D. NEWMAN TRUST DATED 11/1/92</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent <b>DANIEL D. NEWMAN</b> <b>125 ELYSIAN DRIVE</b> <b>SEDONA AZ 86336</b> Telephone number <b>928 282 5466</b>				
Last four digits of account or other number by which creditor identifies debtor		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____		
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2 Date debt was incurred</b> <b>MARCH 1999</b>		<b>3. If court judgment, date obtained.</b>		
<b>4 Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.				
<b>Unsecured Nonpriority Claim</b> <u>\$LINE 4 OF EX A</u> <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		<b>Secured Claim</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral <u>\$ UNKNOWN</u> Amount of arrearage and other charges at time case filed included in secured claim, if any <u>\$ LINE 2 OF EX A</u>		
<b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 USC § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 USC § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 USC § 507(a)(5)		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 USC § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 USC § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 USC § 507(a)(____) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>5 Total Amount of Claim at Time Case Filed.</b> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		<u>\$LINE 4 EX A</u> <u>LINE 4 EX A</u> <u>LINE 4 EX A</u> (unsecured) (secured) (priority) (Total)		
<b>6 Credits.</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY		
<b>7 Supporting Documents.</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.				
<b>8 Date-Stamped Copy.</b> To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.				
Date <b>JAN 9 2007</b>		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <b>Daniel D. Newman</b> <b>DANIEL D. NEWMAN, TRUSTEE</b>		

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18.



FILED JAN 11 2007



<b>UNITED STATES DISTRICT COURT</b> <b>DISTRICT OF NEVADA</b>		<b>PROOF OF CLAIM</b>	
Name of Debtor: <b>USA Commercial Mortgage Company</b>		Case Number: <b>06-10725-LBR</b>	
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name of Creditor and Address:  <b>11321242034817</b> <b>DAVIS, PATRICK J. &amp; SUSAN DAVIS</b> <b>104 VAN BUREN COURT</b> <b>COLLEYVILLE TX 76034</b> <b>6216 CITRINE DR.</b> <b>CARLSBAD, CA 92009</b>		IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT.  DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.  If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. <b>THIS SPACE IS FOR COURT USE ONLY</b>	
Creditor Telephone Number (817) <b>312-8350 (Cell)</b> Last four digits of account or other number by which creditor identifies debtor: <b>1883 (PAT); 1884 (SUSAN)</b>		Check here <input type="checkbox"/> replaces a previously filed claim dated: _____ if this claim <input type="checkbox"/> or amends	
<b>1. BASIS FOR CLAIM</b>			
<input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned		<input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes Other (describe briefly): <b>NEGLIGENCE &amp; FRAUD</b>	
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)		<input type="checkbox"/> Unremitted principal	
<input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from: _____ to _____ (date) (date)		<input type="checkbox"/> Other claims against servicer (not for loan balances)	
<b>2. DATE DEBT WAS INCURRED:</b>		<b>3. IF COURT JUDGMENT, DATE OBTAINED:</b>	
<b>1. CLASSIFICATION OF CLAIM.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.			
<b>UNSECURED NONPRIORITY CLAIM \$ 75,500</b> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		<b>SECURED CLAIM</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any: \$ _____	
<b>INSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____). * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<b>3. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:</b> \$ <b>75,500</b> (unsecured) \$ _____ (secured) \$ _____ (priority) \$ <b>75,500</b> (Total)			
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>3. CREDITS:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
<b>7. SUPPORTING DOCUMENTS:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>3. DATE-STAMPED COPY:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911		BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245	
DATE <b>12-04-06</b>		SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <b>ROBERT C. LEPINE, ESQ. BAR #1980</b>	
THIS SPACE FOR COURT USE ONLY		FILED DEC 04 2006 USA CMC  1072501416	

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>Nevada</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>USA COMMERCIAL MORTGAGE COMPANY</b>	Case Number <b>06-10725-LBR</b>	
NOT: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>ROBERT ESSAFF &amp; CINDY H. ESSAFF TRUSTEES OF THE ESSAFF FAMILY TRUST DATED 6/18/02</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent <b>ROBERT &amp; CINDY H. ESSAFF 2860 HEYBOURNE RD MINDEN, NV 89423 Telephone number 775-267-5579</b>		
Last four digits of account or other number by which creditor identifies debtor	Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____	
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <b>SEE EXHIBIT A</b> <input type="checkbox"/> Other _____		
<b>2. Date debt was incurred</b> <u>12/15/03</u>		
<b>3. If court judgment, date obtained</b> _____		
<b>4. Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. <b>Unsecured Nonpriority Claim \$1,599,184.01</b> <input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		
<b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 USC § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 USC § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 USC § 507(a)(5)		
<b>Secured Claim</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <u>UNKNOWN</u> Amount of arrearage and other charges at time case filed included in secured claim if any \$ <u>25,280.39</u>		
<b>5. Total Amount of Claim at Time Case Filed</b> <div style="display: flex; justify-content: space-between;"> <span><u>\$1,599,184.01</u> (unsecured)</span> <span><u>1,599,184.01</u> (secured)</span> <span><u>1,599,184.01</u> (priority)</span> <span><u>1,599,184.01</u> (Total)</span> </div> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>6. Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
<b>7. Supporting Documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
<b>8. Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date <u>1/11/07</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <u>ROBERT ESSAFF, TRUSTEE</u> <u>CINDY H. ESSAFF, TRUSTEE</u>	THIS SPACE IS FOR COURT USE ONLY  <b>FILED JAN 16 2007</b>

USA CMC



1072502382



## PROOF OF CLAIM



## YOUR CLAIM IS SCHEDULED AS:

Schedule/Claim ID s31478

Amount/Classification  
\$10,033.44 Unsecured

Name of Debtor:

USA Commercial Mortgage Company

Case Number:

06-10725-LBR

NOTE: See Reverse for List of Debtors and Case Numbers.

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

## Name of Creditor and Address:

12924490000857  
FOXCROFT LIVING  
TRUST DATED 1/10/02  
C/O FRED J FOXCROFT & ROBERTA FOXCROFT  
TRUSTEES  
PO BOX 362  
CARNELIAN BAY, CA 96140-0362

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.

☐ Check box if this address differs from the address on the envelope sent to you by the court.

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number ( ) 530-583-2836

Last four digits of account or other number by which creditor identifies debtor:

ACCT. 10 3398 CLIENT 10 4015

☐ Check here if this claim replaces a previously filed claim dated: 9/19/06  
☒ or amends

## 1. BASIS FOR CLAIM

☐ Goods sold☐ Personal injury/wrongful death☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)☐ Unremitted principal☐ Services performed☐ Taxes☐ Wages, salaries, and compensation (fill out below)☐ Other claims against servicer (not for loan balances)☒ Money loaned☐ Other (describe briefly)

Last four digits of your SS #: \_\_\_\_\_

Unpaid compensation for services performed from: \_\_\_\_\_ to \_\_\_\_\_

(date) (date)

2. DATE DEBT WAS INCURRED: 4/13/06

3. IF COURT JUDGMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.

See reverse side for important explanations.

## UNSECURED NONPRIORITY CLAIM \$

☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

## UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
☐ Wages, salaries, or commissions (up to \$10,000)\*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

## SECURED CLAIM

☒ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral:

☒ Real Estate ☐ Motor Vehicle ☐ Other \_\_\_\_\_

Value of Collateral: \$ 506,677.07

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

☐ Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_).

\* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. TOTAL AMOUNT OF CLAIM \$ 559,778.99 \$ 553,778.99  
 AT TIME CASE FILED: (unsecured) (secured) (priority) (Total)

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED).

THIS SPACE FOR COURT USE ONLY

BY MAIL TO:  
BMC Group  
Attn: USACM Claims Docketing Center  
P. O. Box 911  
El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO:  
BMC Group  
Attn: USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo, CA 90245

DATE

5/30/07

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

TRUSTEE